

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5/6660

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		2		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
11		3		3		
12		3		3		
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27		3		3		
28		3		3		
29		3		3		
30	1		1			
31		1		1		
32		1		1		
33		2		2		
34		3		3		
35		3		3		
36		3		3		
37		3		3		
38		3		3		
39		3		3		
40		3		3		
41		3		3		
42		3		3		
43						
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48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		110	←		←
TOTAL CLAIMS			112			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						